

**PERMANENT STATE OF NEW JERSEY INSURANCE IDENTIFICATION CARD**

COMPANY NUMBER      COMPANY       COMMERCIAL       PERSONAL

POLICY NUMBER      EFFECTIVE DATE      EXPIRATION DATE

YEAR      MAKE/MODEL      VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD

INSURED

L

SEE IMPORTANT NOTICE ON REVERSE SIDE

**For use with ACORD 370 WM,  
non-perforated 32 lb. watermark paper.**

**Insured must be issued two cards.**

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THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

Address for notification of commencement of medical treatment:

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THE FRONT OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

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